## LOBBYIST MONTHLY REPORT FORM





 $\begin{array}{cccc} & 1 & \text{of} & 2 & \text{Pagc(s)} \\ & \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYISTS (Sec. 67-6619)

| (Type or print clearly in black ink) See instructions at bottom of page                                                                                                                                          |                             |                            |                         |          |                                                                         |                                       |                          | SEGRETAL DESTRE   |                              |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|-------------------------|----------|-------------------------------------------------------------------------|---------------------------------------|--------------------------|-------------------|------------------------------|------------|--|
| Lobbyist's name and permanent business address                                                                                                                                                                   |                             |                            |                         |          |                                                                         | Date prepared                         |                          |                   | Period covered               |            |  |
| Judi Albright<br>500 108th Avenue, NE, Suite 1300<br>Bellevue, Washigton 98004                                                                                                                                   |                             |                            |                         |          | 2/9/2007                                                                |                                       |                          |                   | (Mo.) (Day) (Yr.) 01 31 2007 |            |  |
| Item                                                                                                                                                                                                             | Totals of all reportab      | ole expenditures made o    | r incurred b            | y Lobby  | ist or by                                                               | Lobbyist's Empl                       | oyer on b                | ehalf of Lob      | byist's Emplo                | oyer.      |  |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers                                                                          |                             |                            | Proportional Item 3, at |          | ounts contributed by each employer (Identify employers, under of page.) |                                       |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  | ot Have to be Reported      | 7 th Shiproyers            | Employer No.            |          | . 1 Employer No. 2                                                      |                                       | Employer No. 3           |                   | Employer No. 4               |            |  |
|                                                                                                                                                                                                                  | Refreshment                 | s <u>0.00</u>              | \$ 0.0                  |          | _   \$ _                                                                |                                       | \$                       |                   | s                            |            |  |
| Advertisin                                                                                                                                                                                                       | commodations                | 0.00                       | 0.0                     | 00       | _   _                                                                   |                                       |                          |                   |                              |            |  |
| Travel<br>Telephone                                                                                                                                                                                              |                             | 0.00                       | 0.00                    |          | -   -                                                                   | · · · · · · · · · · · · · · · · · · · |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  |                             | 0.00                       | 0.00                    |          |                                                                         |                                       |                          |                   |                              |            |  |
| Total \$ 0.00                                                                                                                                                                                                    |                             |                            | \$ 0.00                 |          | s                                                                       |                                       | \$                       |                   | \$ <u></u>                   |            |  |
| *When the                                                                                                                                                                                                        | e number of employers you   | u are reporting for requir | es multiple I           | L-2 form | s to be fil                                                             | ed a total amoun                      | t for all er             | nployers shou     | ild be entered               | on Page 1. |  |
| Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive off  2 Date Place Amount Names of Legislators, Public and Executive Office. |                             |                            |                         |          |                                                                         |                                       |                          | in Group          |                              |            |  |
|                                                                                                                                                                                                                  | Date                        | Place                      |                         | Am       | ount                                                                    | (valies of Legis                      | iaiois, i uo             | ine and Exect     | Tive Officials               | п Огоар    |  |
|                                                                                                                                                                                                                  | None                        | None this period           |                         |          |                                                                         |                                       |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  |                             |                            |                         |          |                                                                         |                                       |                          |                   |                              |            |  |
| ПСот                                                                                                                                                                                                             | ntinued on attached page(s) |                            |                         |          |                                                                         |                                       |                          |                   |                              |            |  |
| INSTRUCTIONS                                                                                                                                                                                                     |                             |                            |                         |          |                                                                         | Employer(s) Name(s) and Address(es)   |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  | should file this form: A    | ny lobbyist registered u   | inder Section           | n        | No. 1 C/0<br>591                                                        | Oraçle US<br>Nielsen<br>Redwood 1     | A, Inc<br>Merks<br>Hwy., | amer, e<br>#4000, | t al.<br>Mill Va             | lley, CA   |  |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH:  Ben Ysursa Secretary of State                                                       |                             |                            |                         |          | No. 2                                                                   |                                       |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  |                             |                            |                         |          | No. 3                                                                   |                                       |                          |                   |                              |            |  |
|                                                                                                                                                                                                                  |                             | Box 83720                  |                         | H        |                                                                         |                                       |                          | •                 |                              |            |  |

No. 4

| Item<br>4     |                       | itures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible l property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. |                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
|---------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|               | Date                  | Amount                                                                                                                                                                                                                                                            | Nar                                                          | ne of                                                                      | Legislator, Public or Executive Official Receiving or Benefiting                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
|               |                       |                                                                                                                                                                                                                                                                   | None th                                                      | is p                                                                       | ceriod                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Item          |                       |                                                                                                                                                                                                                                                                   | tion, the number of the Senate regislative activity in which | LEGISLATIVE SUBJECT IDENTIFICATION                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Subject (from | t Code B<br>table) Le | yist was supporting or of<br>till, Resolution or Other<br>egislative Ident. Number                                                                                                                                                                                | Appropriation Bill Number and Section Number                 | 01<br>02<br>03                                                             | Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and                                                                                                                                                                                                                                                                                                                                              | 17<br>18<br>19                                                 | Subject  Health service, medicine, drugs and controlled substances, health insurance, hospitals  Higher education Housing, construction, codes                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
|               |                       |                                                                                                                                                                                                                                                                   |                                                              | 04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state | 20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | Insurance (excluding health insurance)  Labor, salaries and wages, collective bargaining  Law enforcement, courts, judges, crimes, prisons  License, permits  Liquor  Manufacturing, distribution and services  Natural resources, forest and forest products, fisheries, mining and mining products  Public lands, parks, recreation  Social insurance, unemployment insurance, public assistance, workmen's compensation  Transportation, highways, streets and roads  Utilities, communications, televisions, radio, newspaper, power, CATV, gas  Other (please specify) |  |  |  |  |
| Item<br>6     | bid or bid            |                                                                                                                                                                                                                                                                   | cision, procurement, contract,<br>les or bond lobbyist was   |                                                                            | CERTIFICATION: 1 hereby certificorrect statement in accordance w                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |